

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2009</h2>		Application Number: 10/743,625-Conf. #9416 Filing Date: December 22, 2003 First Named Inventor: Arthur M. Krieg Examiner Name: N. M. Minnifield Art Unit: 1645	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.: C1039.70073US00	
TOTAL AMOUNT OF PAYMENT		(\$) 1,080.00	

METHOD OF PAYMENT (check all that apply)			
<input type="checkbox"/> Check <input type="checkbox"/> Deposit Account	<input checked="" type="checkbox"/> Credit Card Deposit Account Number: 23/2825	<input type="checkbox"/> Money Order Deposit Account Name: Wolf, Greenfield & Sacks, P.C.	<input type="checkbox"/> None <input type="checkbox"/> Other (please identify):
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)			
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Filing Fees Fee (\$)	Small Entity Fee (\$)	Search Fees Fee (\$)	Small Entity Fee (\$)	Examination Fees Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
							2. EXCESS CLAIM FEES
							Fee Description
							Fee (\$)
Each claim over 20 (including Reissues)							52
Each independent claim over 3 (including Reissues)							220
Multiple dependent claims							390
							Small Entity Fee (\$)
							Fee (\$)
Total Claims							Fee Paid (\$)
21 - 40 or HP = _____ x _____ = _____							Multiple Dependent Claims
HP = highest number of total claims paid for, if greater than 20.							Fee (\$)
Indep. Claims							Fee Paid (\$)
1 - 6 or HP = _____ x _____ = _____							Fee Paid (\$)
HP = highest number of independent claims paid for, if greater than 3.							Fee Paid (\$)
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 = _____	/50 = _____	(round up to a whole number) x _____	= _____	= _____			
					4. OTHER FEE(S)		
Non-English Specification, \$130 fee (no small entity discount)					Fee Paid (\$)		
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...					810.00		
1251 Extension for response within first month					130.00		
1814 Statutory Disclaimer					140.00		

SUBMITTED BY			
Signature	/Helen C. Lockhart/	Registration No. (Attorney/Agent)	39,248
Name (Print/Type)	Helen C. Lockhart	Telephone	617.646.8000
		Date	December 3, 2010

Certificate of Electronic Filing Under 37 CFR 1.8	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).	
Dated: December 3, 2010	Electronic Signature for Sharon R. Lloyd: /Sharon R. Lloyd/